

## With Bright, Shiny Faces

### Chapters

#### Chapter 14:

*Health Care Plan (WAC 388-150-210).*

#### Chapter 15:

*Health Supervision and Infectious Disease Prevention (WAC 388-150-220)*

#### Chapter 16 :

*Medication Management (WAC 388-150-230).*

#### Chapter 17 :

*Nutrition (WAC 388-150-240).*

#### Chapter 18 :

*Kitchen and Food Service (WAC 388-150-250).*

### *Regulations, best practices, and helpful hints about:* **Health and Nutrition**

## Chapter 14. WAC 388-150-210

### **Health Care Plan**

There are reasons for the extra health precautions the department requires center providers to take. At home, a parent has the right to decide certain health or sanitation practices are “good enough” for their household, that risks are acceptable. However, your center is not a household. It is a business. You offer a service to the community. You may not take risks with the health of your “clients.” If you gamble and lose, you are liable for the chances you take with the well-being of children in your care. Your Health Care Plan describes the steps you take to make your center as healthy and safe for children as possible.

### **Creating a Health Care Plan**

The Department of Health provides a helpful guide called “Child Care Health Care Plan Guidelines.” It includes a sample health care plan and sample forms. You may wish to organize your health care plan in a similar manner. The important thing, however, is for you to:

- Consider the features of your center, the services you provide, the qualifications of your staff, and the resources available in your community.
- With the help of your health consultant, develop a health care plan that meets your needs and satisfies licensing requirements. An important part of the plan is designating specific people on staff who are responsible for specific health-related duties.
- Train all incoming staff on the details of the health care plan. You might include in one staff person’s job description monitoring the day-to-day operations of the center’s written health policies.
- At least once a year, review whether the written health care plan still meets the center’s needs and is accurate. You should pay particular attention to whether you need to update the names of staff responsible for different functions. Except for centers licensed for fewer than thirteen children, at least every three years (when it’s time to renew the license), the health consultant must thoroughly review the health care plan.

**WITH THE HELP OF  
YOUR HEALTH CON-  
SULTANT, DEVELOP A  
HEALTH CARE PLAN  
THAT MEETS YOUR  
NEEDS AND SATISFIES  
LICENSING REQUIRE-  
MENTS.**



THE HEALTH CONSULTANT HELPS  
WRITE AND REVIEW  
THE CENTER'S  
HEALTH CARE PLAN.



*Since you must orient new staff to the health care plan, it's a good time to review whether the plan is current. Have your procedures changed? Are the same staff performing the various health and safety duties?*



*A good health care plan may be quite lengthy and detailed. To make it easier to use, you may want to summarize particular sections and post them in appropriate places. For example:*

- *Nutrition and food handling policies (in the kitchen).*
- *First aid policies (near the first aid supplies).*
- *Emergency medical procedures (near the telephone).*
- *Infection control practices (near the cleaning supplies).*

## MODEL HEALTH CARE POLICY FOR CHILD CARE CENTERS

This is a model health policy to help you write a policy for YOUR center. It may be used as a guide to help you write YOUR policies. Remember this may not EXACTLY match your needs. Be sure to make changes to match what YOU do at YOUR center.

Nurse Consultant: \_\_\_\_\_ Telephone: \_\_\_\_\_

(Must be a RN with experience in pediatric care. Recommended for all centers, and required for centers licensed to provide care for four or more infants.)

Address: \_\_\_\_\_  
\_\_\_\_\_

### Emergency Telephone Numbers:

Fire Department: \_\_\_\_\_

Police: \_\_\_\_\_

Rescue: \_\_\_\_\_

Poison Prevention Center: \_\_\_\_\_

### Hospital(s) Used for Emergencies:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency Procedures: (Step-by-step including transportation method and notification of parent(s).

Minor Emergencies:

1. Staff trained in first aid will take appropriate steps and refer to: \_\_\_\_\_ (name of first aid manual) as needed.
2. Staff record incident: \_\_\_\_\_ (note where and how to record..date, time, place, cause if applicable.)
3. Report incident to parent(s); note date, time, who and how reported.)

Life-Threatening Emergencies:

1. Staff call \_\_\_\_\_ (local emergency number.)
2. Staff provide first aid as needed (according to the first aid manual.)
3. Staff stays with the injured/ill child, including transport to a hospital, until a parent arrives.
4. Staff record incident.

Emergency Procedures If Parent(s) Cannot Be Contacted:

\_\_\_\_\_  
\_\_\_\_\_

Serious injury/hospitalization will be reported to: \_\_\_\_\_ (Office of Child Care Policy licensor) at \_\_\_\_\_ (telephone number.)

## MEDICATION MANAGEMENT

1. Medication will only be given with prior **written** consent of the child's parent/legal guardian.
2. All medications must be in the original container labeled with:  
child's full name, name of medication, dosage, frequency, and duration.
  - Prescription medication must have the original pharmacist label,
  - Non-prescription medications must have the manufacturer's original label.
3. Examples of non-prescription medications (over-the-counter drugs) we may give include:
  - Antihistamines,
  - Non aspirin fever reducers/pain relievers,
  - Non-narcotic cough suppressants,
  - Decongestants,
  - Anti-itching ointments/lotions intended to relieve itching,
  - Diaper ointments, intended for use with "diaper rash",
  - Sunscreen
  - Vitamins

The dose and frequency is stated on the label and the medication is age and weight appropriate for the child.
4. Non-prescription medications (over-the-counter drugs) will not be given to children under two years of age.
5. "As-needed" medication may be given only when the health professional lists specific parameters, such as "give 1 tablet every 4 hours".
6. Internal medications are stored(\_\_\_\_\_).  
give location(s) where stored
7. External medications are stored (\_\_\_\_\_).  
give location(s) where stored
8. Refrigerated medication will be stored \_\_\_\_\_(where).
9. All medications will be stored
  - inaccessible to children
  - separate from staff or household medication
  - protected from contaminants
  - under proper temperature control
10. Unused medication will be returned to parents or flushed down the commode.
11. Records of all medication will be maintained \_\_\_\_\_(where).  
(name of medication, dose, amount, time given)
12. Staff giving medication to a child will sign the record with their full signature.

**PROCEDURES FOR EXCLUDING ILL CHILDREN FROM REGULAR CHILD CARE;**

Children with any of the following symptoms will not be permitted to remain in care at centers with programs not specifically approved for the care of ill children:

1. Fever of 100°F under arm (axillary) or higher **AND** who also have one or more of the following:
  - diarrhea                      • earache                      • show signs of irritability or confusion
  - sore throat                      • rash
2. Vomiting on 2 or more occasions within the past 24 hours.
3. Diarrhea-3 or more watery stools within a 24 hour period or 1 bloody stool.
4. Draining rash.
5. Eye discharge or pinkeye. Children can be readmitted after:
  - medical diagnosis to rule out bacterial or viral infection or 24 hours on antibiotic treatment.
6. Fatigue that prevents participation in regular activities.
7. Open or oozing sores, unless properly covered, or 24 hours has passed since starting antibiotic treatment.
8. Lice and scabies.

**COMMUNICABLE DISEASE REPORTING**

The following communicable diseases are reported to the local/state Health Department by physicians. Call your local Health Department for information when a child or staff member has contracted any of these illnesses:

- Acquired Immune Deficiency Syndrome (AIDS)
- Campylobacteriosis (Campy)
- E. Coli 0157: H 7
- Hemophilus Influenza Type B (HIB)
- Kawasaki Syndrome
- Meningitis
- Mumps
- Poliomyelitis (Polio)
- Reyes Syndrome
- Rubella (German or 3 day measles)
- Rubeola (10 day measles)
- Tetanus
- Typhoid Fever
- Diphtheria
- Giardiasis
- Hepatitis
- Listeriosis
- Meningoccal Disease
- Pertussis
- Whooping Cough
- Rheumatic Fever
- Salmonellosis
- Shigellosis
- Tuberculosis (TB)
- Yersiniosis

(Call the local health Department for information about other communicable diseases specific to your community and add them to the list.)

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### FIRST AID

When children are in our care, staff with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid are always available. Training documentation is kept (where)\_\_\_\_\_.

Our first aid kits contain:

- 1st Aid guide
- Sterile gauze pads
- Small scissors
- Syrup of ipecac (only used after calling Poison Control)
- Band-aids (different sizes)
- Roller bandages
- Large triangular bandage
- Cotton balls
- Adhesive tape
- Tweezers

Our first aid kit(s) is kept (location)\_\_\_\_\_.

A fully stocked first aid kit will be taken on all field trips and kept in each vehicle used to transport children.

### HEALTH RECORDS

Include forms that are used. They should contain: identifying information about a child, health history, date of last physical exam, allergies, special considerations, immunization records, consents for emergency care, authorization to take the child out of the facility to obtain emergency health care, permission to transport the child, etc. Records should be kept for at least a year after the child withdraws from the program.

Note that forms are updated:

- quarterly for children less than one year of age,
- semi-annually for children 1-2 years of age, and
- yearly for children over two years of age.

### INFECTION CONTROL, DISINFECTING AND LAUNDERING

General Practices:

1. Staff will wash hands at the appropriate times.
2. Staff will disinfect all surfaces that can spread diseases.
3. Staff will always rinse to remove residue left behind, if using items such as Lyson and Pinesol (Phenols) or ammonia compounds as disinfectants. Bleach and water (generally at a concentration of 1/4 cup to a gallon of water) does not require rinsing.
4. Spray bottles of bleach and water used for disinfection will be prepared daily, dated and the unused contents discarded at the end of each day.
5. Each child's toothbrush will be stored in a way to prevent contamination.
6. High chairs, cribs, swings, playpens and infant seats are washed and disinfected daily, or after use by each child.
7. Toys will be disinfected daily or when obviously dirty.
8. Cloth toys will be washed in the washing machine or automatic dishwasher (for dishwasher-safe toys) at a temperature of 140 degrees F or more **or** 1/4 cup of bleach added to the wash load) by \_\_\_\_\_(staff name).

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## WITH BRIGHT, SHINY FACES

9. Toys that cannot be washed in the washing machine will be hand washed in warm soapy water, rinsed and dipped into a disinfectant solution for 1 minute and allowed to air dry.
10. Bedding will be stored (how)\_\_\_\_\_and (where)\_\_\_\_\_.
11. Child care laundry will be washing (how often)\_\_\_\_\_ by whom \_\_\_\_\_.
12. Potty chairs will be washed and disinfected after each use and stored on a floor that is impervious to moisture.
13. Toilets will be cleaned (how often)\_\_\_\_\_.
14. General cleaning of the entire center will be done (how often)\_\_\_\_\_ and by (whom)\_\_\_\_\_.
15. Furniture, rugs and carpeting will be vacuumed daily in all areas.
16. Steam cleaning is scheduled monthly in the infant area and quarterly in all other areas or as needed.
17. We avoid using powders or chemical cleaners which leave residues that can be harmful to children.

### HAND WASHING

1. Staff wash their hands:
  - a) Upon arrival at the child care center
  - b) Before handling foods, cooking activities, eating & serving food.
  - c) After toileting self, children and diaper changing.
  - d) After handling or coming in contact with body fluids such as mucus, blood, saliva, or urine.
2. Children will be directed or helped with hand washing:
  - a) Upon arrival at the child care center.
  - b) Before meals or cooking activities.
  - c) After toileting.
  - d) After outdoor play.
  - e) After coming in contact with body fluids.
3. Soap, warm water and individual towels are available for staff and children.
4. Washing hands includes:
  - Turn on water and adjust temperature.
  - Wet hands and apply a liberal amount of soap.
  - Rub hands in a winding motion from wrists to fingertips for a period of not less than 10 seconds.
  - Rinse hands thoroughly.
  - Dry hands, using an individual towel.
  - Use hand drying towel to turn off water faucet(s).

**PREVENTING INFECTIONS WHEN CONTACTING BODY FLUIDS**

Even healthy people can spread infection through direct contact with body fluids. Body fluids include blood, urine, stool (feces), drool (saliva), vomit, drainage from sores/rashes (pus), etc. When anyone has been in contact with body fluids, or is at risk for being in contact with body fluids the following precautions will be taken:

1. Any open cuts or sores on children or staff will be kept covered. Depending on the type of wound a covering may be a bandage or clothing or staff may wear latex gloves.
2. Whenever a child or staff comes into contact with any body fluids the area will be washed immediately with soap and warm water and dried with paper towels.
3. All surfaces in contact with body fluids will be cleaned immediately and disinfected with an agent such as bleach in the concentration listed above.
4. Used latex gloves and cleaning material used to wipe up body fluids will be put in a plastic bag, closed with a tie, and placed in a covered waste container. Any brushes, brooms, dustpans, mops, etc. used to clean-up body fluids will be soaked in a disinfecting solution, and rinsed thoroughly. Cloth items or mops, after soaking, should be washed with hot water in a washing machine. All items are hung off the floor or ground to dry. Equipment used for cleaning is stored safely out of children's reach.
5. Children's clothes soiled with body fluids will be put into a closed plastic bag and sent home with the child's parent. A change of clothing will be available for children in care.
6. All clothing soiled with body fluids will be changed as soon as possible. Staff in regular contact with body fluids (e.g. changing diapers) are provided with an apron to protect street clothing. Staff working with infants or toddlers are advised to have a fresh change of clothes at the center. All soiled laundry will be kept safely out of reach of children.
7. Hands are always washed after handling soiled laundry or equipment.

**INFANT CARE**

1. Infants will be at least one month of age when enrolled.
2. Our infant room has a separate, safe play area for infants.
3. We will furnish a crib, a bassinet, an infant bed or a playpen for napping.

**INFANT FEEDING**

When feeding an infant we watch for cues to know when the infant has had enough. We use care when handling infant formula and food to prevent food-borne illness. To provide safe nutritious food we practice the following:

1. All breastmilk and formula are labeled with:
  - child's name, day's date, time of preparation
2. All breast milk and formula is refrigerated after mixing, feeding or immediately upon arrival
  - at the center.
3. When parents provide infant foods, we ask the food be labeled with the child's name and dated.
4. No egg whites or honey will be given to infants less than 12 months of age.
5. No medication will be added to breastmilk or formula.



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6. Before preparing formula or food, staff wash their hands and clean and disinfect preparation surfaces. A separate food preparation sink is provided, away from diaper changing/hand washing area.
7. Powdered formula in cans will be dated when opened, stored in a cool, dark place and if not all used, discarded or sent home 1 month after opening. This is done due to the number of times formula is opened, touched, etc. in a child care setting.
8. Bottles prepared at the center will be mixed as needed.
9. Used bottles and warmed unused formula will be discarded after 1 hour to prevent bacterial growth. Unconsumed portions of formula will not be re-heated for re-use. All unused prepared formula will be discarded at the end of each day.
10. Frozen breastmilk will be thawed overnight in a refrigerator and warmed in lukewarm water, just prior to feeding. Frozen breastmilk which has been stored for more than 3 months or that is not dated will not be accepted. Thawed breastmilk will be refrigerated and used within 3 hours. Thawed breastmilk will not be refrozen.
11. Formula, breastmilk or baby food is not heated in a microwave oven as there is the possibility of a bottle exploding or of "hot spots" which could result in burning a child's mouth. Microwaving also destroys essential components in breastmilk.
12. Solids are discouraged before 4-6 months of age without health care provider consent, due to increased food allergy risks.
13. Chopped safe table foods are encouraged after 10 months of age.
14. Cups and spoons are encouraged around 9-10 months of age.
15. Whole milk is not recommended for children under 12 months of age. Whole milk is encouraged for children aged 12 months through 23 months. Parents requesting 2% milk must do so in writing.
16. A note from the child's health care provider will be required if an infant is to be on limited food/ formula intake, diluted formula, Pedialyte, or any type of elimination (allergy) diet.
17. Bottles, nipples and other eating utensils cleaned at the center will be washed with soap and water and boiled for 5 minutes or washed in a dishwasher with a water temperature of 150\_F.
18. Infants will be held when fed until they are able to hold a bottle or drink from a cup. Bottles will not be propped.
19. Infants will only be allowed to have a bottle in bed if it is filled with water.
20. Bottle feeding will be discouraged after 18 months of age.
21. Children will not be allowed to walk around with bottles.
22. Changing food textures is necessary to meet an infant's developmental and nutritional needs. Around 1 year of age formula is replaced with whole milk, when an infant can drink from a cup.

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## WITH BRIGHT, SHINY FACES

### DIAPER CHANGING:

1. Wash hands.
2. Gather necessary materials.
3. Put-on disposable gloves (if being used.)
4. Place single use cover on table (if being used.)
5. Place child gently on table and remove diaper. Use safety device when required.  
Child is not left unattended.
6. Dispose of diaper—disposables in covered container (foot peddle type preferred); cloth in a strong plastic bag or double bagged, and sent home or to diaper service.
7. Clean the child's diaper area (peri-anal) front to back with a clean, damp wipe, for each stroke.
8. **Wash hands.**
9. Apply topical cream/ointment/lotion when a parent's written request is on file.
10. Put on clean diaper and protective pants (if cloth diaper used), dress child.
11. Wash child's hands and return child to appropriate area.
12. Wash diaper change pad, if soiled.
13. Discard disposable pad after each diaper change, if used.
14. Disinfect diaper changing table.
15. Remove gloves, if used.
16. **Wash hands.**

### FOOD SERVICE

1. Leftover foods will be covered, dated and stored in the refrigerator or freezer.
2. Foods brought from home will be labeled with the date and child's name, checked upon arrival at the center, and refrigerated as necessary.
3. Formula bottles will be labeled with date and child's name.
4. Eating surfaces will be cleaned before and after use by \_\_\_\_\_(whom).
5. Food will be thawed in the refrigerator, or under cold running water or during the cooking process.
6. Food will be cooked to the correct internal temperature:
  - Ground Beef 155°F (no pink color)
  - Fish 140°F +
  - Pork 150°F
  - Poultry 165°F
7. Food requiring reheating will be reheated to an internal temperature of 165° F in 30 minutes or less.
8. Hot food will be held at a temperature of 140° F or above until served.
9. Food requiring refrigeration will be stored at a temperature of 45° F or less.

## WITH BRIGHT, SHINY FACES

10. A metal stem thermometer will be used to test the temperature of foods as indicated above and to ensure foods are served to children at a safe temperature.
11. All refrigerators/freezers will have thermometers placed in the warmest section.
12. Sinks used for food service, including formula bottles and nipples, will not be used for handwashing.
13. Microwave ovens will not be used to heat infant formula and solid food or to reheat potentially hazardous foods.

### NUTRITION

**Our center provides the following meals and snacks:**

_____	_____	_____
_____	_____	_____

**Parents will provide the following meals and snacks:**

_____	_____	_____
_____	_____	_____

1. All snack/meal menus will be prepared 1 week in advance and posted.
2. All food substitutions will be of equal nutrient value and recorded.
3. Menus list specific types of meats, fruits, vegetables, juices, etc.
4. A record of foods served will be kept on file for at least six months.
5. Food allergies will be posted where staff can readily see the list.
6. Children will be provided food at intervals of 2 hours to 3 1/2 hours apart.
7. Lunches/snacks sent from home will be examined for nutritional contents and supplemented as necessary to ensure children's dietary needs are met.
8. Meal patterns will be followed as outlined in child care center rules, WAC 388-150-240.

### ANIMAL HEALTH AND SANITATION:

1. Shot records of pets are maintained \_\_\_\_\_ (where).
2. Rabies vaccine date(s) \_\_\_\_\_.
3. Veterinarian name: \_\_\_\_\_ (telephone) \_\_\_\_\_.  
Address \_\_\_\_\_.
4. Pet area(s) will be cleaned by \_\_\_\_\_.
5. Pet(s) will be fed by \_\_\_\_\_.

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### INJURY PREVENTION

1. The center will be inspected at least quarterly for safety hazards by \_\_\_\_\_ (whom).
2. Hazards will be reported to \_\_\_\_\_ (whom) for correction.
3. The accident and illness log will be monitored by \_\_\_\_\_ (whom) to identify accident trends caused by equipment or in areas of the center.

### DISASTER PLAN

1. The evacuation plan and routes are posted \_\_\_\_\_ (where).
2. Fire drills are conducted and documented (how often and where) \_\_\_\_\_.
3. Staff are familiar with use of fire extinguisher.
4. Earthquake drills are conducted (how often and by whom) \_\_\_\_\_.
5. Pictures and other wall hangings are secured to the walls; shelving and book cases are not overfilled.

### STAFF HEALTH

1. All staff must document a negative tuberculin skin test by the MANTOUX method or chest x-ray, taken within the two years prior to employment.
2. Staff who have a communicable disease are expected to remain at home until the period of communicability has passed. Such staff should follow the same procedure listed under procedure to excluding ill children listed above.

### CHILD ABUSE

1. Suspected child abuse will be reported to \_\_\_\_\_ (whom).
2. Signs of child abuse will be recorded \_\_\_\_\_ (where).

### REVIEWED BY

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

### Health Consultants

Even the most dedicated provider will find it hard to be aware of and up-to-date on all health issues affecting their program, children, and staff. You need the services of a health professional to help you:

- Plan useful health care policies and procedures.
- Identify potential health problems and hazards and suggest solutions.
- Identify reliable sources of information or training on health issues for staff or parents.
- Assist center staff and families make contact with other health professionals and resources in the community.
- Provide advice about health problems at the center or the care of a child with special health problems.

The health consultant helps write and review the center's health care plan. To do a professional job, the health consultant needs to know:

- The families and ages of children you serve.
- The overall structure and goals of your program.
- The staffing of your center.
- The physical features of your center.
- Licensing requirements.
- The health-related documents and forms you use.

Ideally, the consultant will visit your program for a day-long visit to view the full range of center activities. The health consultant can then better advise you on health practices. The health consultant should review the health care plan at least every three years, and more often if major changes in your program occur. The consultant must sign and date the health care plan.



*Although you may find a physician, physician's assistant, or registered nurse who will serve as a free consultant, be aware that you often get what you pay for. The duties of the health consultant are important, and they take time and effort. The health consultant vouches for the quality of your center's practices with their professional reputation.*

If a health consultant chooses to provide free service, remember to recognize their efforts in your newsletter or parent handouts.

Programs licensed for four or more infants require the services of a nurse consultant. This person may also serve as your health consultant. Be sure to find a nurse consultant whose background includes pediatric or infant care. (See Chapter 19 for a discussion of the nurse consultant's duties.)

### **Preparing for Medical Emergencies**

Among the forms parents must sign when they enroll their child is a medical emergency authorization form. With this form, parents authorize medical personnel to begin emergency medical treatment before parents arrive to give personal consent. Medical personnel cannot legally provide services for a minor without the consent of their guardian. For your protection and the safety of the child:

- You should not accept a child for care before the parent signs the medical emergency authorization form.
- The medical emergency authorization form should be with the child at all times they are in your care. This includes field trips.

## Consent to Medical Care and Treatment of Minor Children

I \_\_\_\_\_ (the natural parent or legal guardian) hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment to include first aid and CPR by a qualified child care staff member at \_\_\_\_\_.

I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

\_\_\_\_\_  
Date and Place

\_\_\_\_\_  
Signature

## Chapter 15. WAC 388-150-220.

### Health Supervision and Infectious Disease Prevention

#### Immunizations

You should not admit a child to your center without documentation they are current or in process of getting all required immunizations. Your local health department provides free forms for recording this information.

The only children you can admit without proof of up-to-date immunizations are those whose parents supply signed statements that:

- \* They oppose immunizations on religious, philosophical, or personal grounds.
- \* The immunizations are not medically safe or necessary for their child. The child's physician must describe the medical reason and sign a statement advising against immunization.

The certificate of immunization belongs to the family. You should offer to return the certificate to the family when the child leaves the program. Before returning the form, you may want to make a photocopy of it to keep in the child's file.

In addition to seeing health care providers for required immunizations, every child should receive regular health check-ups. This should occur by age, every few months for infants, less often for older children. Doctors and nurse practitioners can help in the early identification of developmental delays and illness. Centers are not responsible for seeing the child has regular exams, but they can:

- Make sure the parents are aware of the importance of checkups and encourage them to obtain exams for their child.
- Help parents find out about convenient and affordable health care options in their community.

Providers are also a good line of defense for the early detection of health problems.

To help you know which children have had health care recently, providers must record in the child's records the date of their most recent exam. Remind parents in person or in your newsletter to give this information to you.

#### Preventing the Spread of Germs

Germs (bacteria, viruses, and fungi) are all around, in, and on us. They are not harmful when they live in their proper places or are few in number. But germs multiply rapidly in warm, moist places and can cause problems.

Germs are in the air and in the fluids from peoples' eyes, noses, and mouths. They are on objects or hands that touch places where there are lots of germs. Examples are diapers or a baby's bottom, used tissues, trash cans, and foods not stored properly. Germs can enter your body through your eyes, nose, mouth, or broken skin.

**YOU SHOULD NOT  
ADMIT A CHILD TO  
YOUR CENTER  
WITHOUT DOCUMENTATION  
THEY ARE  
CURRENT OR IN  
PROCESS OF GETTING  
ALL REQUIRED  
IMMUNIZATIONS.**





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**WITH BRIGHT, SHINY FACES**  
**CERTIFICATE OF IMMUNIZATION STATUS FORM FRONT**

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**WITH BRIGHT, SHINY FACES**  
**CERTIFICATE OF IMMUNIZATION STATUS FORM BACK**



When people eat, breathe, or touch places where germs have had a chance to multiply, illnesses spread. If a provider stifles a sneeze with their hand and then lays out nap mats without washing, they spread germs to surfaces where children will be lying. When the provider picks up mats after nap time, they touch surfaces on which children have breathed and wiped their eyes and noses.

With infants and toddlers, cleanliness and a low germ environment are more important since:

- The provider handles the children's food.
- The provider tends to the children's toileting needs.
- The provider holds and touches children often.
- Children this age have a natural tendency to put everything within reach into their mouths.

### Handwashing

Germs are on things we touch and then get on our hands. Our hands provide germs with a warm, moist place to grow. Our unwashed hands can spread germs to everything we touch, including our own eyes, nose, and mouth.

Frequent handwashing by staff and children is the single best protection centers have against the spread of germs. The most important times for children and staff to remember to

wash their hands are:

- After using the toilet.
- Before handling or eating food.
- After covering a cough or sneeze or blowing their nose.
- After contact with a sick child.
- After playing outside.
- After handling an animal.

Water play is one of children's favorite activities, so it is not difficult to teach them the proper way to wash their hands. Gentle reminders can help them develop habits that will help keep them healthy the rest of their lives. A staff member should be available to see that children wash their hands properly and to assist children who need help.

Next to handwashing, the best way to limit spreading germs is to teach children how to cough, sneeze, and blow their noses correctly.

For example:

- Keep a tissue handy. Use a tissue rather than a coat sleeve or the back of your hand to catch a sneeze, cover a cough, or wipe a runny nose.
- Turn your head away from others and toward the floor before you cough, sneeze, or blow your nose.
- Throw away used tissues. Don't reuse or share a tissue. Use disposable tissues rather than handkerchiefs.

**FREQUENT HAND-  
WASHING BY STAFF  
AND CHILDREN IS  
THE SINGLE BEST  
PROTECTION  
CENTERS HAVE  
AGAINST THE  
SPREAD OF  
GERMS.**



- Wash hands afterwards to reduce the spread of germs.
- If a sneeze or a cough catches you by surprise, cover it with your hand, then wash your hands immediately.

At least by the age of two, children can begin to wipe their own noses and throw away their own tissues. Doing so is more sanitary and gives children a chance to begin caring for themselves.

### Cleaning and Sanitizing Equipment and Toys

You need to have policies and routines for maintaining sanitary conditions at the center and to train staff to follow your guidelines. You should disinfect surfaces and equipment in the center at least once a week or more often if needed. The younger the children in care, the more likely an object will go into children's mouths. This means you should clean and disinfect the object or surface more often.

YOU SHOULD  
DISINFECT SUR-  
FACES AND EQUIP-  
MENT IN THE  
CENTER AT LEAST  
ONCE A WEEK OR  
MORE OFTEN IF  
NEEDED.



### Formulas for Bleach Solutions

- **Strong solution** (for wiping down larger environmental surfaces). Use one-quarter (1/4) cup of bleach per gallon of water (or one tablespoon per quart). This solution is strong enough to kill germs quickly, but it still needs time to work. In most cases, it is best to let the surface air dry. Using a towel or sponge increases the chances of putting germs back on the cleaned surface. Bleach evaporates quickly, leaving the surface nontoxic.

If you are going to use surfaces such as lunch tables immediately, you may want to spray several surfaces. Then go back and use a clean dry towel, rag, etc., and wipe the surface you sprayed first. If you use a reusable towel or sponge for cleaning, it is important to store it in a place where it can air dry between uses. That way staff won't use it for other purposes.

- **Weak solution** ("dipping" solution for toys, dishes, bottles and nipples, and other items that may go into a child's mouth). Use one tablespoon of bleach per gallon of water. For this weak solution to do its job of killing germs, you should totally submerge objects in the solution for at least a full minute. Again, it is best if you allow the items to air dry afterwards.

You can make a quantity of a bleach solution ahead of time. Store it in a labeled, airtight container. Store the bottle below or away from food. You must empty out and refill spray bottles daily, because chlorine bleach exposed to air loses its strength.

You can use a phenol-based product (such as Lysol, Pine Power, etc.) to clean and disinfect items. They are effective sanitizers, but they are more expensive and leave a residue which you should rinse off. The strong bleach solution is just as effective at sanitizing items. It evaporates in air, making it ideal for spot-cleaning blankets, clothing, rugs, etc. If you use a commercial disinfecting product, make sure to follow the directions about proper dilution.

Not all carpet deodorizing products are good to use around children. Chemicals that remain in the carpet can get on children's skin or in their eyes or lungs. Some children may have an allergic reaction. You might try sprinkling baking soda on the carpet to absorb odors. Vacuum the carpet afterwards. Regular use of carpet deodorizers is NOT a substitute for adequate cleaning.



*Cleaning and disinfecting are not the same thing. The purpose of the bleach solution is to sanitize a surface or item after it has been cleaned. You may need to use a soap solution, cleanser, or cleaning spray to remove ground-in dirt, colored marker stains, dried playdough, etc. Use the bleach solution as the last step in the cleaning process.*

### **Separating Personal Care Items**

Children should not share hats, combs, hairbrushes, or hair ornaments. Doing so can spread infection or parasites such as lice. Children can have their own hair brushes, either stored in their personal cubbie or in another area.

Having the children brush their teeth at the center is a valuable activity, if it is done in a sanitary fashion. Each child should have their own toothpaste tube or pump, clearly labeled. Toothbrushes should:

- Have clear labels for each child.
- Not touch one another.
- Be in holders so they are open to the air.

If you store toothbrushes in a drilled board, stagger the holes so the toothbrushes don't touch or drip onto each other. Another option is to use travel holders or snap covers over the bristles. Best practice is to have the children keep their toothbrushes in their personal cubbies.



*Toothbrushes don't last forever. You should replace the children's toothbrushes every few months. You can either buy toothbrushes in bulk and replace them yourself or remind the parents to bring in a new ones.*



*If you have an outbreak of lice at your center, make sure you disinfect the dress up materials in the role playing area. You may*

*want to limit use of hats in that area. Check with your health consultant or public health department for useful suggestions.*

*You might also want to re-examine your procedures for storing bedding, hanging coats, and keeping extra clothes. Make sure these are not contributing to the spread of parasites.*

## **The Sick Child**

### **Who Needs to Stay Home?**

There are very few illnesses that require you to exclude children from group care to prevent the spread of illness. With most diseases, the child is contagious for several days before symptoms of the illness show. By the time children are obviously sick, excluding them may not help stop the spread of the illness. Runny noses and coughs fall in this category.

Sometimes a child still has symptoms after they are no longer contagious, perhaps because they began treatment for the illness. Some examples:

- Strep throat.
- Impetigo.
- Conjunctivitis (if not draining).

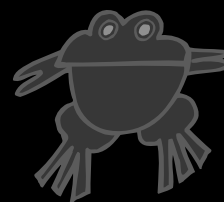
With some infections such as chicken pox, hepatitis, and meningitis, the child must stay home longer. Talk to your health consultant or your local health department if you have questions about a particular illness.

Some symptoms indicate that a child is likely contagious and should probably remain at home. These symptoms include:

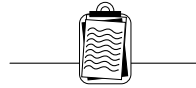
- Persistent diarrhea (more than three times in 24 hours).
- Vomiting more than twice in 24 hours.
- A fever over 100 F.
- Drainage from the eye, or a pink color in the white of the eye.
- A sore throat, especially with a temperature over 100 F.
- A rash, particularly a draining rash.

You can also decide to ask parents to keep their child home for the child's comfort. If children are listless, uncomfortable, disoriented, or irritable, they are better off at home getting rest and individual attention. When you enroll a child, you should tell parents your conditions for accepting ill children in care. Advise parents to have a

**ADVISE PARENTS  
TO HAVE A BACK-  
UP PLAN FOR THEIR  
CHILD'S CARE  
WHEN THE CHILD IS  
TOO SICK TO BE AT  
THE CENTER.**



back-up plan for their child's care when the child is too sick to be at the center. For example, children's grandparents or a neighbor may be able to look after them occasionally.



*Encourage parents to allow their child to participate in outdoor activities, even if their child does have a slight cough or runny nose. Fresh air is invigorating and does not cause illness, germs do. Active play often helps to clear clogged lungs and sinuses and to raise a child's spirits. A child who is too sick to enjoy participating in outdoor activities should maybe be home rather than in care.*

Encourage parents to send their children in clothes suitable for the season. Assure them you will see their child is properly bundled up and does not get overheated or chilled. Also assure them that all the children will stay inside or in a protected area if it is raining heavily. Tell them you will adjust outside times if mud, wind, cold, volcanic ash, etc., are a problem.

If parents insist that their child stay inside and you agree to care for the child that day, you should respect their wishes. You might ask them if the day turns suddenly balmy, will they permit you to take the child outside briefly.

### **When a Child Becomes Ill at the Center**

If children become ill at the center it is best to isolate them. Have them lie down in a quiet space away from the other children. Staff must supervise ill children at all times. You may wish to call the parents and send a sick child home, depending on your policies concerning ill children.

Remember to sanitize all equipment that the ill child used if you suspect a communicable disease.

## **Staff Health**

### **Tuberculosis Tests**

Tuberculosis (TB) is contagious. Therefore, all center personnel must have proof they are free of TB. The TB test must be the Mantoux skin test method. If the skin test results are positive, the staff person must have a chest x-ray showing they are free of TB.

If a staff person has been certified free of TB within the past six months, that certificate is valid. The staff person does not need another test while they remain in your employ.

If TB testing is against medical advice, the center must have a statement to that effect on file, which the person's physician signs.

### Keeping Staff Healthy

Most child care providers will tell you the first year they spent caring for children they got sick more than any time in their life. Child care does expose staff to a variety of germs. Child care is also a potentially stressful occupation. Staff burn-out is a very real problem.

There are things center operators can do to keep their staff healthier:

- Emphasize the importance of frequent handwashing.
- Encourage staff to make sure their immunizations are current, especially measles and tetanus.
- Use nontoxic cleaning and art materials at the center. If staff do occasionally use such things as permanent markers or rubber cement, make sure they do so in a well-ventilated area.
- Schedule break times for staff and make sure they take them!
- Give staff paid leave for vacation, illness, and continuing education.
- Provide health care benefits, at least for regular, full-time staff.



*Staff members are not doing you a favor by showing up for work sick because:*

- *They spread germs around the center.*
- *They cannot provide their usual quality of care when they are not feeling well.*
- *They take longer to get healthy if they aren't given a chance to recuperate.*

If you offer sick leave and maintain a pool of qualified substitutes, your center will be a healthier, happier place. In fact, letting staff schedule an occasional “well day” may save you money in the long run!

Back problems are a common complaint among child care workers. Advise staff to:

- Get down on their knees or squat when caring for children, rather than bend over a lot.
- Be careful when lifting things. People should lift with their knees, not with their backs. If it's too heavy, don't lift it.
- Push heavy objects across the floor rather than pull them.
- Make sure they have a clear pathway when carrying things across a room or down stairs.
- Do back strengthening and stretching exercises. A flexible back is a strong back.



There are also things staff can do for themselves to maintain their health. The benefits of good nutrition, exercise, and sufficient rest are clear. So are the dangers of smoking and excessive use of alcohol.

Staff need to give themselves permission to be human. They will not always handle problems perfectly. They will not always plan an activity as well as they might have. Staff need to have outside interests that don't involve children and should not take their work home with them.

## Chapter 16.

### WAC 388-150-230

#### Medication Management

Centers are free to choose whether or not to give medications. You are also free to decide what types of medication you are willing to give at your center. Parents always have the option of giving the child the medicine themselves.

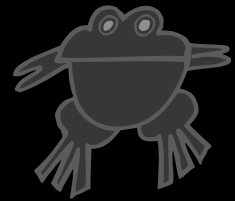
Parents must fill out medication request forms and keep them current. For example, the parent can give consent for you to give medication:

- For a specified period of time during a period of illness.
- For the duration of the prescription.

Blanket authorizations are allowed only for certain chronic or life-threatening conditions requiring medication. These authorizations must come with a signed statement from the child's health provider or a prescription indicating the treatment is ongoing.

Prescription medications must be in the original prescription bottle. The label qualifies as a doctor's authorization to give the medication. Nonprescription medications must be in manufacturer's container with a label. This indicates recommended dosages for different ages and how long to use the medication if symptoms continue. The child's name must be on the container.

**PARENTS MUST FILL  
OUT MEDICATION  
REQUEST FORMS  
AND KEEP THEM  
CURRENT.**



**WITH BRIGHT, SHINY FACES**  
**MEDICATION REQUEST FORM**

## **SAMPLE: Parent's Instructions for Medications**

Licensing rules permit child care facilities to administer medications to children only with a doctor's written authorization and with written signed direction of a parent/guardian.

Please provide the following information:

*Child's Name* \_\_\_\_\_

*Health Problem* \_\_\_\_\_

*Name of Medication* \_\_\_\_\_ *Amount* \_\_\_\_\_

*Frequency* \_\_\_\_\_ *Times Given at Home* \_\_\_\_\_

*Method of Administration at* \_\_\_\_\_ *(name of facility)*

*Amount* \_\_\_\_\_ *Times to be Given* \_\_\_\_\_

*How Long Medication to be Continued* \_\_\_\_\_

*I authorize the child care facility to give the above medication.*

\_\_\_\_\_  
Parent/Guardian Signature                      Date

Record of Administration (To be filled out by person who gives medication)

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials

Signature(s) that correspond to initials of person(s) giving medication

\_\_\_\_\_  
\_\_\_\_\_



*For children two years and under, some over-the-counter medications require a doctor's authorization. Most cold medications fit in this category.*

*Make sure you read the labels on bottles parents bring in. If instructions recommend consulting a doctor for a particular age group, let the parents know they need a health provider's signature. Otherwise you cannot give the medication at the center.*



*If the child's parents do not want to take medicine home every night and bring it back the next morning, they can:*

- *Request that the pharmacist prepare two containers when they fill the prescription.*
- *Send the container with the pharmacist's or manufacturer's label to the center and keep a supply in a self-labeled container at home.*

You must keep medications for the skin separate from medications children swallow. Some medications require refrigeration, but only refrigerate those medications requiring it. You must store all medications so children cannot get to them. Make sure you either return medications to the parents or dispose of them when the medication period expires.



*Keep your medication storage area under your control. Only staff should put medicines in your storage area or take them out. It may be more convenient at times to let the parents take care of it themselves. There are dangers with this practice. It's too easy for a parent in a hurry to walk out with the wrong medicine or forget to fill out an authorization form.*

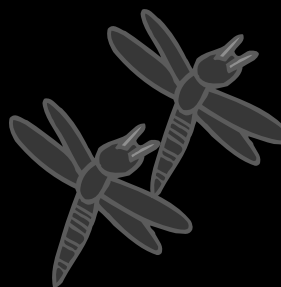
Advise your staff to be extra careful when handing medicines back to parents. You don't want a child not to be able to take their medication that night because you gave it to the wrong parent. Worse yet, you don't want a parent giving their child the wrong medication because you returned the wrong bottle.

There are a number of record keeping systems for keeping track of medications. Each of them must start with the parents filling out a medication authorization form. The important thing is to make sure someone gives the medicine to the right child in the right dosage at the right time.

If you keep medication records in children's individual files, you might want to have the permission form on the top half of a page. Then use the bottom half to record giving the medicine. Or you can use a group sheet to record which medications staff give to children. You can put the permission forms in individual children's files after the medication period is complete and keep the group record with the center files.

You may want to let parents know you give medications at certain times of the day only. Most prescriptions call for either three or four doses a day. If staff give medicines before lunch, after lunch, and after rest time, you should be meeting children's needs adequately.

**IN GENERAL, HOWEVER,  
YOU MAY NOT ALLOW  
CHILDREN TO MEDICATE  
THEMSELVES.**



*It's a good idea to designate a particular staff member as the person in charge of giving medicines. That way, there's less likelihood of staff:*

- *Forgetting to give the medicine.*
- *Forgetting to write down they gave the medicine, so another staff person later gives the child another dose.*

You will probably also want to designate a backup person in charge of medications, for days when the regular person is absent.

Lip balm, baby powders, diaper ointments, and sunscreen are medications and therefore require signed parent consent. Parents can sign blanket authorization for these items, but parents must bring the medication themselves and label it with their child's name. Although it may seem a good way to save money and storage space, you must NOT share a jar or tube for medicating children.

Self-medication is allowed under special circumstances, at the parent's written request. For example, older children with asthma may be able to be in charge of their own inhaler, so they can use it when needed. In general, however, you may not allow children to medicate themselves.

### **Aspirin Warning**

You should not give aspirin to children under 18 years unless the child's health care provider prescribes it. Aspirin use is linked to Reye's Syndrome, a serious disease that can be fatal to children.

There are plenty of non-aspirin medications that ease pain and reduce fever. If parents bring in aspirin and ask you to give it to their child, **STRONGLY** recommend that they use a different medication. Take the time to check multi-symptom cold remedies that parents may bring in. Sometimes these include aspirin in their list of ingredients.

## **Chapter 17. WAC 388-150-240**

### **Nutrition**

#### **Menu Planning**

Good menus are as important to child care as other types of activity planning. Well-planned menus with a variety of nutritious foods will help children to be healthy. If you want to plan good menus think about the:

- Age of children.
- Number of children you serve.
- Way you serve the food, family style or individual servings.
- Ethnic mix of the children.
- Available equipment and staff.

The menus you must post can also:

- Educate parents about good nutrition.
- Let parents know what their child is eating.
- Give parents ideas about new foods to try at home. Children will often try foods at the center they would never eat at home!

#### **What Kind of Foods Must I Serve?**

The kinds of foods to put into your center's menus are in WAC 388-150-240 (10). Please read these lists carefully.

If you are on the USDA food program, you will find the WAC just a little different. The food program suggests you serve foods high in Vitamin C and A, while the Department requires you to serve such foods.

You must serve a Vitamin C food daily and Vitamin A foods 3 or more times per week. Below is a list of some of these foods:

##### **VITAMIN C SOURCES\***

Asparagus  
Broccoli  
Bell Peppers  
Brussel Sprouts  
Cabbage

---

## WITH BRIGHT, SHINY FACES

Kiwi  
Mandarin Oranges  
Peas  
Strawberries  
Vegetable Juice Cocktail  
All citrus fruits and juices (tangerine, orange, grapefruit)  
Berries  
Baked Potatoes  
Bok Choy  
Cauliflower  
Chinese Pea Pods  
Greens (turnips, collard, etc.)  
Melons  
Spinach  
Turnips  
VITAMIN A  
SOURCES \*  
Apricots  
Carrots  
Cantaloupe  
Winter Squash  
Greens  
Yams  
Broccoli  
Spinach  
Peaches  
Tomato Paste  
Sweet Potatoes  
Mixed Vegetables



\*Portion sizes are 1/4 cup or 2 ounces

### How Often Can I Serve The Same Foods

This question sometimes confuses people. The requirement is that menus need at least 2 weeks of variety before you repeat them. Variety is important for children to learn and to grow.

The requirement does not mean you can only have dry cereal once in 2 weeks. It does mean you can't serve corn flakes, apple juice, and milk on Monday, again on Wednesday, and once again on Friday. You could serve cold cereal on all those days but you need to vary the kind of cereal and the type of juice or fruit you offer.

Different colors, textures, shapes, and flavors can interest a child in food. It is a good idea to serve both finger foods and non-finger foods at the same meal. You can also mix cooked foods and raw foods at the same meal or snack. This is a good way to add different temperatures and chewing textures.

As a general rule, the children or their parents will let you know if the foods you serve are boring.

Don't forget, you must date menus and mark any changes on the menu. Any changes you make must be nutritionally equal. This means if you have oranges on the menu and then serve bananas you would not be making a good change. Oranges have Vitamin C while bananas do not. You would have to choose another fruit high in Vitamin C for the change to be nutritionally equal.

### **What Meals and Snacks Must I Serve and When?**

Children have small stomachs. They need small amounts of food often. To meet the needs of young children, you must schedule mealtimes at least every 2 hours but no longer than 3 and 1/2 hours apart.

Most children are in care for 9 or fewer hours a day. As a guide for how many meals or snacks to feed the children consider:

- Children in care for 5 hours should get at least a breakfast or lunch and a snack. If the children are hungry, you should feed them.
- Children in care for more than 5 hours a day and up to 9 hours need at least a mid-morning and mid-afternoon snack and a lunch. Or you could give them a breakfast and a lunch and at least one snack.
- Children who remain in care for 9 or more hours need more food. They need breakfast, lunch, a mid-morning, and mid-afternoon snack. Or you could serve a lunch and a mid-morning and a mid-afternoon and a late afternoon snack.

Don't forget even if you serve breakfast, the food you provide must still meet the meal pattern in WAC. If breakfast is an optional meal, it can't count as one of the meals you served to all the children.

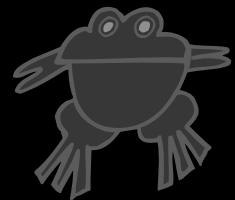
One snack each day must include a dairy food (cheese, yogurt, milk) or another protein food (chicken, meat, tuna, peanut butter or cheese).

If you serve a breakfast and lunch to all children you do not need to serve a protein or dairy food in the afternoon snack. Of course this will depend on the needs of the children in your care.

Many centers serve a late afternoon snack to children in care after 4:30 or 5:00 p.m. They started this because they found the children were hungry. And, it makes sense. The mid-afternoon snack tends to occur around 2:30 to 3:30 p.m., making it quite a long time to dinner. Centers started a late snack to meet the needs of children and meet the parents' concerns.

You can keep the late snack simple as there are fewer staff and children present. Easy to serve foods also allow children to take the snack with them if the parent arrives before they finish the snack. Foods providers serve for this snack are often just crackers and

**ONE SNACK EACH  
DAY MUST INCLUDE  
A DAIRY FOOD OR  
ANOTHER PROTEIN  
FOOD**



juice or a cube of cheese and a piece of fruit.

Items you can use for this late snack do not tend to offer as much variety as the other mealtimes because they are simple. To make it easier on yourself you can use a two week menu for this late afternoon snack.

SOME CHILDREN IN  
EVENING CARE START  
THEIR CHILD CARE  
DAY AT 2:30 PM AND  
STAY UNTIL 11:30  
PM.



### What About Evening Care?

Some centers are open 18 hours per day to care for children whose parents work night hours. Be sure to use common sense when deciding how to feed these children.

Some children in evening care start their child care day at 2:30 p.m. and stay until 11:30 p.m. Some of these children will arrive in time for the mid-afternoon snack and be there for the late afternoon snack. The center must feed them dinner.

If the children eating dinner were not present for lunch, you can use the lunch menu for dinner. If you cook extra food for dinner, be sure you cool and refrigerate them immediately. If you only have a few children for dinner, you can pre-plate the food, cover it, and put it in the refrigerator. Then at dinner, you can microwave the meals. This will not make family-style meals possible so let children pour their own beverages. You can also let them serve their own vegetable sticks or fruits.

Evening care regulations require you to serve a bedtime snack but this may depend on the age of the child. For example:

If a toddler eats a late afternoon snack at 4:30 or 5:00 p.m. and dinner at 6:30 or 7:00 p.m. then the child may not be awake for a bedtime snack 2 hours later.

School-aged children will need a bedtime snack because many will be awake at 9:00 p.m. The older pre-school child may be awake also. Again, use common sense and think about the child.

### What Does a Good Menu Look Like?

We include a few sample menus to help you plan. Not all the ideas will work for your program. Because of the many different kinds of center programs and facilities it is important to plan menus to fit your own needs.

#### BREAKFAST

- Peanut butter (1-2 Tbsp) raisin toast  
Orange wedge (1/4 medium orange)  
Milk, 1/2 - 3/4 cup (c.)
- Non-sugared cereal (1/4 - 3/4 c.)  
Banana slices (1/2 small)  
Milk, 1/2 - 3/4 c.
- Oatmeal (1/3 - 1/2 c.) w/ cinnamon and apple chunks (1/4 c.)  
Milk, 1/2 - 3/4 c.



## **LUNCH**

- English muffin (1/2) pizza with cheese (1 - 1-1/2 oz)  
Coleslaw (1/8 - 1/4 c.)  
Canned peaches (1/8 - 1/4 c.)  
Milk, 1/2 - 3/4 c.
- Tuna (1 - 1-1/2 oz) casserole with rainbow noodles (mix of whole wheat, spinach, carrot) (1/2 - 1 c.)  
Steamed broccoli (1/8 - 1/4 c.)  
Apple wedge (1/8 - 1/4 c.)  
Milk, 1/2 - 3/4 c.
- Bean (1/8 - 1/4 c.) & cheese (1 oz) taco casserole  
Shredded lettuce and tomato bites (1/4 c. total)  
Orange wedge (1/4 medium)  
Milk, 1/2 - 3/4 c.
- Black eye peas (1/8 - 1/4 c.) with rice (1/4 - 1/3 c.)  
Corn bread (2" square)  
Steamed spinach (1/8 - 1/4 c.)  
Honeydew melon (1/8 - 1/4 c.)  
Milk, 1/2 - 3/4 c.
- Tofu (1" square cube) almond stir fry w/ broccoli,  
Chinese cabbage, (1/8 - 1/4 c.) over rice (1/3 - 3/4 c.)  
Pineapple pieces (1/8 - 1/4 c.)  
Milk, 1/2 - 3/4 c.

(this last menu meets state but not USDA meal pattern requirements)

## **SNACKS**

A.M.

- Applesauce bread  
Milk
- Cereal mix  
Orange juice
- Melon slice  
Yogurt (mix 1/2 plain with 1/2 peach)
- Biscuits  
Peaches, canned
- Banana chunks  
Milk

## SNACKS

P.M.

- Strawberry and banana fruit cup  
Graham crackers
- Carrot sticks  
Mozzarella cheese  
Water
- Peanut Butter on whole wheat bread  
Apple juice
- Orange wedge  
Ritz crackers
- Flour tortillas  
Beans  
Water



*You do not have to serve milk or juice with every meal. Once you serve the required foods to all children, water is fine. Serving water teaches children that they do not always need to drink a colored liquid.*

## How Much Do I Need to Serve?

### Portion Sizes

You need to have a written plan for how much you will serve to each child. You can do this on your menus or you can make a poster.

You might find it easier to keep a list in the kitchen stating average portion sizes for children by age group, for 1-3-year-olds, 3-6-year-olds, etc. Notice the overlap for the 3-year-olds. This is because some are big eaters and others are not. Plan to meet the needs of your children. If you are on the USDA food program the daily menu planning sheets can serve as a record of portion sizes.

The main point is to be sure all persons preparing food know how much to make. Persons serving food must know how much to serve. Be sure to educate staff on the right portion sizes, especially when serving family style. It is important to know how much to serve to each child so you do not feed them too little or too much.

Please note the sample meal ideas show actual serving sizes but the snacks do not. This shows how much more information there is when you list portion sizes. Note the range of portion sizes for the different age groups.

IT IS IMPORTANT TO  
KNOW HOW MUCH TO  
SERVE TO EACH  
CHILD SO YOU DO  
NOT FEED THEM TOO  
LITTLE OR TOO  
MUCH.





*According to Department of Labor and Industries regulations, you must pay employees for all time they spend on job-related duties. For a center cook, this could include menu planning time, shopping, etc.*



*Menu planning help is available from:*

*The Office of the Superintendent of Public Instruction. They help centers who are on the USDA food program.*

*The State Department of Health. They have a Registered Dietitian to help centers plan menus to fit your program needs.*

*Some county extension agents. You can find them in the phone book under County Services.*

*This guidebook lists a number of pamphlets and books in the resource section.*

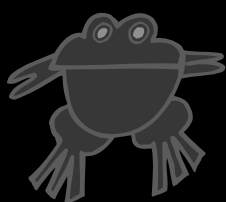
### **Special Dietary Concerns**

You may find some children need special foods or to follow a special diet. This may be due to allergies or the child may have a chronic disease like diabetes. Sometimes foods with special textures could be necessary because a child is developmentally delayed. The disability could make it hard for the child to chew or even swallow.



*Try to offer substitute foods that are like the foods the other children eat. No one likes to feel different. If the child is allergic to a lot of different foods you may want to have the parent send the foods. The parents will have more practice at reading labels to see if any food items causing a reaction or one like it is in a package. Or the parents can send some foods and review the menu each week to see which foods are safe to serve.*

**YOU SHOULD STORE  
SACK LUNCHES AWAY  
FROM SOURCES OF  
HEAT AND SUNLIGHT.**



When a child has a special dietary concern it is important for you to talk with the parents. Be sure to get written directions about what you can or cannot serve to their child. If a child cannot eat certain foods, you will need written permission from the child's health care provider on what foods to substitute. It is very important to get a food list for the child with an allergy.

You also will want to know what happens when the child eats certain foods. An allergic reaction can be as simple as a runny nose or a mild skin rash or it can threaten their life. You will want to know what happens and what to do!

### **Who Will Provide the Meals?**

It is best to give children a hot meal. You may, however, find having the children bring their lunches from home will better meet your program needs. Or maybe your building does not have the right equipment to prepare full meals.

If parents have to send the food you need to tell them. This is the kind of information you should include in written materials to the parents. You should let the parents know before you enroll the child.

If you decide not to serve lunch or snacks remember you still need to ensure children get foods that meet the standards. You will want to take steps to offer a variety of foods on a daily basis.

If you do not allow certain foods be sure to say so. Write guidelines on what you don't allow, like junk foods or sweets. You may have to remind parents gently once in a while. You can do this in a newsletter or on your bulletin board. Help parents by giving ideas for nutritious and tasty foods.

Talk directly to parents if you are worried about the food they send. The problem may not always be nutrition. You might be concerned about food safety. Maybe you notice they send the same foods day after day and that the child won't eat anymore. Whatever the problem, let parents know you care. Together you can solve any concerns.

Even when children bring their own lunches you can still set the table family style. Have the children put out plates, glasses, and napkins. You can put items from lunch boxes on plates. Then move the lunch boxes so they don't clutter the table. You may want to tell parents that you will serve the beverage (milk or juice) to allow children practice in pouring.

### **Sack Lunch Food Safety**

You should store sack lunches away from sources of heat and sunlight. This can help keep germs from growing. It will also keep the lunch at a more pleasant eating temperature. The best way to keep germs from growing is by keeping foods in the refrigerator.

You might suggest to parents to refrigerate foods from home until just before leaving home. Advise parents to keep cold foods cold and hot foods hot. Some lunch boxes come with cold packs which can help keep items cold till eating time. Parents can also

buy and add cold packs or freeze a box of juice.

You should advise staff to keep an eye on what children bring from home. If the child tends to bring items which need refrigeration, talk to the parents. Or check the child's lunch box daily and refrigerate items which you need to keep cold.



*Rather than have a refrigerator full of lunch boxes, some centers like to put out one refrigerator tray for each care group. As parents arrive, they can take out items needing refrigeration from the child's lunch box, put them on the tray, and label them with the child's name. Staff can then give the items to the children as they get out their lunches.*

*You may want a policy to discourage parents from sending heated, pre-cooked foods from home in the lunch box. If you do allow parents to do this be sure to state in your policy how they need to put these foods in a thermos.*

### **Other Issues to Think About When Parents Bring Foods**

Parents often think children eat a lot. Think about having children put any foods they do not eat back in their lunch box to take home. Let parents know you have children save their "extras" to go home. This is an easy way to teach parents about how much and what foods their child is or isn't eating.

Even when parents send the food, you must keep food supplies on hand in order to:


- Supplement the lunch of a child who does not bring enough from home.
- Add to or replace snacks a parent brings if the snack is not nutritionally equal to the posted planned menu.
- Feed children who forgot their lunch that day.

Lunches you provide to children who forget theirs can be simple, like a peanut butter sandwich, milk, carrot sticks, and an apple wedge.



*Children bringing their own lunches will want to trade and share. Sharing can be a positive social experience and it can introduce variety into a child's diet. Staff still need to monitor what children trade. Remind children not to share items they have already put in their mouths. Also, talk to any child who always trades their orange for another's chips. Staff may want to discuss this with the child's parents.*

CHILDREN ARE  
OFTEN IN CARE  
FOR MOST OF  
THEIR WAKING  
HOURS AND MAY  
LEARN MOST OF  
THEIR TABLE  
MANNERS AT THE  
CENTER.



### **Social Aspects of Meal and Snack Times**

Chapter 29, “Care of Young Children,” talks about feeding infants and toddlers. In this section, we will look at the needs of the child old enough to sit at a table with other children and adults.

Children are often in care for most of their waking hours and may learn most of their table manners at the center. For this reason be sure to:

- Use tables and chairs which allow the child to sit and rest their feet on the floor.
- Use child-size dishes, glasses, spoons, etc.
- Have a calm mealtime where everyone can talk in a normal voice and be heard without shouting.
- Allow children to serve themselves.
- Let children try new foods without forcing them to eat or making them feel guilty.

### **Family-Style**

A good way to teach children about manners, foods, and nutrition is for staff to eat and talk with the children. Staff must be positive role models for young children. Family-style eating also gives children control over how much they want to eat. Teachers get to know how much each child they care for eats.

Remember average serving sizes are that—just average. In family-style, the general amount of food for each child goes to the room. That does not mean each child will get exactly the same amount. Some children may want to eat smaller portions or they may leave food on their plates. Other children will eat larger portions or want seconds.

What is important is to:

- Have enough food available.
- Offer it in a positive way.
- Provide nutritious and well-balanced food.

### **How Do I Promote Healthy Eating Habits?**

One of the best ways to teach good eating habits is for staff to talk to children about different foods during the mealtime.

Children are also more likely to try a new food if they helped make it. They love to tell their friends about all the “stuff” they added!

Ideas for putting together fun and successful cooking activities are:

- Work with small groups of children.
- Do not force children to take part.
- Use picture recipes.
- Put recipe cards in zip-lock bags to protect them.
- Be sure to have all equipment and food out and ready.
- Go over each step before starting.
- Have children and staff wash their hands before starting.
- Have water, clean sponges or towels ready for spills.
- Allow children time, do not hurry them.

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## WITH BRIGHT, SHINY FACES

Remember . . . the more adults do the less children learn. Let them make mistakes. Let them make a mess.

Even when you serve family-style meals, let children serve themselves, do food activities, offer new foods, and grow food, you still might have children who won't try a particular food.

You need to ask children gently to try a taste of every food. Do not force or punish anyone for not trying. You might try fixing the same food in a different way. It also might help to change the combination of foods you serve. Sometimes it helps to wait a few weeks and try again.

Children often will reject a food for reasons that have nothing to do with the food.

Some reasons could be:

- Their mood.
- Trouble at home.
- They are going through a period of slow growth.
- They are showing their independence.
- They are angry because they had to quit playing and come eat.

### Over or under-eaters

Children's bodies grow at different rates. This can change the amount of food they eat from one meal to the next. Also, children may want to eat their "big meal" at different times of the day.

Avoid shaming children for not eating or for overeating. Children

who eat too much may have reasons and will need your help.

You can help children who are overweight by teaching them the difference between being hungry and wanting more food. Food may still look and taste good but they need to learn that does not mean they need to eat more.

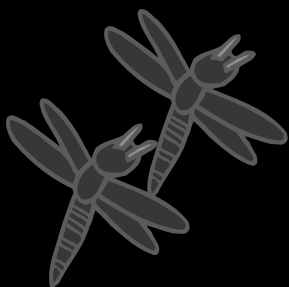
Take time to teach children to take small bites or short breaks while eating. Make mealtimes fun by talking with the children. This will let them know mealtime is not just a time to eat.

If you have serious concerns about a child over or under eating, talk with the parents. Learn if they have concerns about their child's eating habits. If they do, then talk about what you can do and what they can do. You both need to be saying the same thing to the child.

You or the parents may need professional help in working with a particular child. If you think a child has an eating disorder, you may want to call your local health department and ask to talk with their registered or certified dietitian.



TAKE TIME TO  
TEACH CHILDREN TO  
TAKE SMALL BITES  
OR SHORT BREAKS  
WHILE EATING.



*Children may use foods to show their independence. You want to support their control without allowing them to control you. Don't be too concerned if a child does not eat everything. Making a fuss tends to increase this behavior as the child finds it gets attention. You want to pay attention to the children who are eating well. If you provide a balance of nutritious foods and gently encourage the child, they will eat something eventually.*

### Culture and Foods

When planning snacks and meals keep in mind the different ethnic backgrounds of the children in your center. If you are unfamiliar with foods from the different cultures ask the parents about the kinds of food they tend to serve at home.

Let the parents know you want their children to be able to eat familiar foods and to learn about new foods from other cultures. Share with parents how you want children to learn respect for different cultures, practices, and beliefs.

Mealtimes are a good time to talk about how healthy foods come in many different forms. Help children learn that different foods are fun, not odd or “yucky.” Be sure to plan meals or snacks from many different cultures. Ask parents to help choose the menu or shop for the right ingredients.

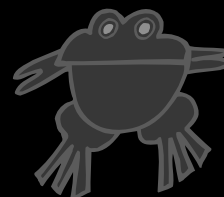
Don't forget, we all have an ethnic heritage. We may be Mexican, Laotian, Peruvian, Italian, from the Yakima or Lummi Tribes, Norwegian, or Irish. We all have a culture to be proud of and to share with others. Food is a good and easy way to share this background with others.

Parents can also help prepare food, with help from a staff person who knows about proper food handling. Children always show more interest if they can help in the food preparation. If their parents help they will feel proud.

### Hints for Helping Children Learn During Cooking Activities

1. Label all ingredients correctly and let children explore them — see, feel, smell, and possibly taste.
2. Talk about origins of ingredients and uses. For example, explain that eggs come from chickens and we use them to make french toast, egg salad, pasta, etc.

HELP CHILDREN  
LEARN THAT DIF-  
FERENT FOODS ARE  
FUN, NOT ODD OR  
“YUCKY.”





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## WITH BRIGHT, SHINY FACES

3. Describe cooking processes like stirring, grating, sifting, etc.
4. Help children describe changes and ingredients when they combine, cook, or chill them.
5. Introduce math concepts like adding five raisins, one-half cup milk, etc.
6. Show and tell children what to do in a positive manner rather than tell them what not to do.
7. Let children participate from start to finish — encourage children to help clean-up.

## Meal Planning Guide

Food	Average Serving Size Under 3 Years	Average Serving Size 3 to 6 Years	Average Serving Size 6 Years & Over
<b>BREAKFAST</b>			
Juice or Fruit	1/4 Cup	1/4 Cup	1/4 Cup
Whole Grain and/or enriched bread or cereal	1/4 Cup or 1/2 Slice	1/3 Cup or 1/2 Slice	1/2 - 3/4 Cup or 1 Slice
Milk	1/2 Cup	1/2 Cup	3/4 - 1 Cup
<b>MID-MORNING SNACK</b>			
Dairy Products	1/2 Cup or 1/2 Ounce	1/2 Cup or 1/2 Ounce	3/4 Cup or 3/4 Ounce
Whole grain and/or enriched breads and/or cereal	1/2 Slice	1/2 Slice	1 Slice
<b>LUNCH AND/OR SUPPER</b>			
Meat or alternate	1 Ounce	1 1/2 Ounce	2 ounces
Vegetable and/or fruit (2 items)	1/2 Cup	1/2 Cup	3/4 Cup
Whole grain and/or enriched bread/ cereal/pasta	1/2 Slice	1/2 Slice	1 Slice
Milk;	1/2 Cup	1/2 Cup	1 Cup
<b>MID-AFTERNOON SNACK</b>			
Fruit, vegetable or juice AND	1/4 Cup	1/4 Cup	1/2 Cup
Meat or alternate	1/2 Ounce or 1/2 Slice	1/2 Ounce or 1/2 Slice	1 Ounce or 1 Slice

**YOUR SURVEYOR IS  
A GOOD RESOURCE  
ON EQUIPMENT,  
WATER  
TEMPERATURE, AND  
FOOD STORAGE.**



## Chapter 18. WAC 388-150-250

### Kitchen and Food Service

#### Food Preparation, Storage, and Handling

If you serve meals as part of your program, you need a full equipped kitchen. You also need staff who know about proper food safety and sanitation. Please read the WAC on kitchen and food service carefully. It is also a good idea to talk with your health surveyor about your plans for cooking. Your surveyor is a good resource on equipment, water temperature, and food storage. Visiting centers preparing meals is another way to learn and get new ideas.

Magic numbers to keep in mind for proper food temperatures are:

- 45 degrees F or cooler and
- 140 degrees F or hotter.

Bacteria grow especially well on foods high in protein such as meats, dairy foods, and eggs. The warmer and more moist the food, the faster bacteria can grow. That is why there is so much concern about foods sitting at room temperature or warmer.

#### Keep Hot Foods Hot and Cold Foods Cold

Be sure to keep food, bottles with formula or breastmilk, etc., refrigerated at all times, except when in use. Keep thermometers in the refrigerator and freezer to make sure food is kept at the right temperatures. It is also a good idea to have a metal stem thermometer handy to check the inside temperature of cooked foods.

#### Leftovers

It is best to prepare cooked foods right before mealtimes rather than to cook them ahead of time and reheat them. You should normally throw out leftovers. If you use leftovers, store them in sealed, labeled containers.

In most cases, once food leaves the kitchen, you cannot return it and use it again. That is why you should measure milk for each table and pour it into smaller containers. If you leave bread in the wrapper, you can return it to the kitchen from the room or table.

#### Thawing and Preparing Food

Most cases of food poisoning happen when someone does not properly store or reheat cooked foods. Incorrect thawing can also create problems. You should thaw overnight (or more) all frozen foods, especially meats and poultry, in the refrigerator. You can also thaw frozen food under cool running water but then you lose nutrition.

The person doing the cooking needs to think ahead about food preparation. This will prevent last minute panic like, "Oh, I forgot to take out the hamburger. What will we have for lunch?"

It is best to use one cutting board just for raw meats and poultry and another just for fruits, vegetables, and other cooked foods. Be sure to clean and sanitize the board after cutting up raw meat or poultry. Use a weak bleach solution. Non-wood cutting boards

are easier to keep clean and are safer. Do not use wooden cutting boards for meat, fish or poultry.

In addition to properly cooking and storing foods, prevent food-borne illness by having everyone handling food wash their hands. This is important for all staff and all children.

### **The Big Deal About Food Safety**

Sometimes when children seem to have the flu or a cold it is really a food-borne illness. It is worse when young children get sick because they can dehydrate from diarrhea and vomiting more easily than adults.

Handwashing is the best way to prevent children and staff from getting sick. Hooray for handwashing. Child care settings are prone to spreading illness. This is because staff who handle food and young children are very busy and may not take the time to wash their hands properly. To help you learn how to handle food you should:

- Keep a copy of the Washington State Food and Beverage Service Worker's Manual handy. You can get a copy from your local health department. This is the booklet people study from and are tested on to get a Food Handlers Permit.

Your surveyor or licenser can supply you with a copy of Chapter 246-215 WAC. These useful "Foods Service Sanitation" guidelines come in a handy booklet.

### **Drinking and Eating Equipment**

Children must not share drinking cups. They may use:

- Disposable, single-use cups.
- A cup you label with their name and store so it does not touch or drip on other cups.
- A drinking fountain that sends out water in an arc. This is an "inclined jet" drinking fountain. This type does not allow water to mix with a child's saliva and drip back down on the fountain's nozzle.

You should ensure dishes and utensils for children are proper in size and shape. Young children may need a small spoon or small fork.

Cups and glasses should be lightweight and small enough for little hands to hold. Salad plates are good for preschool children and younger. Cereal-sized bowls are also useful and can hold the right amount of food.

**IN ADDITION TO  
PROPERLY COOKING  
AND STORING FOODS,  
PREVENT FOOD-  
BORNE ILLNESS BY  
HAVING EVERYONE  
HANDLING FOOD WASH  
THEIR HANDS.**

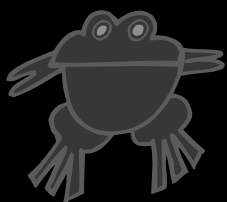




*Instead of disposables, it may be more cost effective and kinder to the earth to use real dishes and glasses. Restaurant suppliers are good sources of affordable dishes, utensils, pitchers, etc.*

*Children may treat mealtimes as special if the table contains “grown-up” items. Children may handle things with more care if you trust them with real items and everything is not childproof.*

**YOU SHOULD ENSURE  
DISHES AND UTENSILS  
FOR CHILDREN ARE  
PROPER IN SIZE AND  
SHAPE.**



### **Cleaning Dishes**

You must clean and sanitize dishes after every use. You can do this by temperature or by using chemicals.

If you use a dishwasher, the temperature must reach 150 degrees F. This will kill germs. If your dishwasher has a “sani-cycle,” the final rinse water will heat to this magic temperature. Use a thermometer to see if the water gets hot enough.

If staff do dishes by hand, you will need a “three-step” method to wash and sanitize the dishes. Human hands cannot take the 150 degree F. water temperature so you must use a chemical.

### **Three-step Method to Clean and Sanitize**

- Step 1. Wash dishes with warm soapy water.
- Step 2. Rinse dishes with clean hot water.
- Step 3. Submerge dishes in a bleach solution ( 1 tablespoon per gallon) for one minute.

The best way to do this is with a three compartment sink. Remember WASH, RINSE, SANITIZE. You may use freshly laundered cloth towels for wiping dishes, but the best practice is to AIR DRY all tableware.